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DECLARATION FOR UTILITY OR JAN 0 9 2004 **DESIGN** PATENT APPLICATION E RADEN'

(37 CFR 1.63) Declaration Submitted OR with Initial Filing

Declaration Submitted after Initial Filing (surcharge (37 ČFR 1.16 (e)) required)

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Attorney Docket Number		71609 US 02			
First Named Inv ntor		McLaughlin et al.			
COMPLETE IF KNOWN					
Application Number	10/672,825				
Filing Date	09/2	26/2003			
Group Art Unit					
Examiner Name					

As a below named inventor, I hereby declare that:								
My residence, mailing address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
PACKAGES, PACKAGING SYSTEMS, METHODS FOR PACKAGING AND APPARATUS FOR PACKAGING								
		(Title	of Invention	nn)	· · · · · · · · · · · · · · · · · · ·			
the specification of which is attached hereto OR								
was filed on (MM/DD/YY)	YY)	09/26/2003		as United St	tates Application N	lumber or PCT	International	
Application Number		and was	amended o	on (MM/DD/Y	YYY)		(if applicable).	
I hereby state that I have review amended by any amendments			ents of the a	above identifi	ed specification, ir	ncluding the cla	ims, as	
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)		Country		Filing Date D/YYYY)	Priority Not Claimed	Certified Co Yes	py Attached? No	
Additional foreign applicat	tion numbe	rs are listed on a su	upplementa	l priority data	sheet PTO/SB/02	B attached her	reto:	
I hereby claim the benefit under Title 35 USC 119(e) of any United States provisional application(s) listed below.								
Application Number(s))	Filing Date (MM/DD/YYYY)						
60/447,440	Additional Province of application					a		
						3/02B attached		
			_					

[Page 1 of 1]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application I he by claim the benefit under 35 USC 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 USC 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. **Parent Filing Date** Parent Patent Number U.S. Parent Application **PCT Parent** Number Number (MM/DD/YYYY) (if applicable) Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Registration Registration Name Number Name Number Michael J. Blake 37,096 Eric D. Middlemas 53,325 44.991 Betty J. Boshears 33.864 Polly C. Owen Dennis V. Carmen 35,007 Steven A. Owen 50,355 42,391 Michael K. Carrier Jonathan D. Wood 39,076 Bernard J. Graves, Jr. 33,239 Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet attached hereto Direct all correspondence to: Dennis V. Carmen Name Eastman Chemical Company Address P.O. Box 511 Address Kingsport Tennessee 37662 City State ZIP USA (423) 229-6189 (423) 229-1239 Country Telephone I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Surname Michael Ray McLaughlin Inventor's Signature Residence: City Country Citizenship U.S.A. Kingsport U.S.A. Tennessee Mailing Address 201 Forest Hills Dr City Country Kingsport 376632215 U.S.A. Tennessee

Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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DECLARATION	N	AN 0 9 2004				INVENTOR(S) ental Sheet	
	Ed.	Г а	Š	;			
Name of Additional Joint Inventor,	if any:	PRADEMA		A petition has been file	ed for t	his unsigned inventor	
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DECLARATION	N JAN 0 9 201		ADDITIONAL INVENTOR(S)			
	E.	<u> </u>				
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City	State	ZIP	Country			
_						
Name of Additional Joint Inventor,	if any:	A petition has been filed for this unsigned inventor				
Given Name (first and middle	(if any)	Family Name or Surname				
Inventor's Signature Date						
Residence: City	State	Country	Citizenship			
Mailing Address						
City	State	ZIP	Country			

Country